

# AVAILABILITY WORK SCHEDULE

DATE: \_\_\_\_\_

NAME \_\_\_\_\_ PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Position (please circle): Guard Lessons Fitness Office

**Please place an X in all times you are available.**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
5-7 am							
7-8 am							
8-9 am							
9-10 am							
10-11 am							
11-noon							
noon-1							
1-2 pm							
2-3 pm							
3-4 pm							
4-5 pm							
5-6 pm							
6-7 pm							
7-8 pm							
8-9 pm							
9-10 pm							
10-11 pm							
11-Midnight							

1. Number of hours per week you would like to work Min. \_\_\_\_\_ Max. \_\_\_\_\_
2. Preferred day(s) of the week to work (circle) Su Mo Tu We Th Fr Sa
3. Preferred times you would like to work \_\_\_\_\_
4. Can you substitute during some off hours? Yes \_\_\_\_ No \_\_\_\_
5. Please list any additional information regarding times or days needed off.